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CONFIRMATION NO. 2403

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/715,339	11/17/2003 RULE	606	3733	4819 US 01

APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/427,525 11/18/2002 and claims benefit of 60/493,425 08/07/2003
and is a CIP of 10/014,143 11/16/2001 ABN
and is a CIP of 10/008,964 11/16/2001 ABN
and is a CIP of 10/013,046 11/16/2001 ABN
and is a CIP of 10/011,450 11/16/2001 ABN
and is a CIP of 10/008,457 11/16/2001 PAT 6,949,106
and is a CIP of 10/008,871 11/16/2001 PAT 6,843,793
and is a CIP of 10/012,845 11/16/2001
and said 10/014,143 11/16/2001
claims benefit of 60/279,087 03/27/2001
and said 10/008,964 11/16/2001
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claims benefit of 60/279,087 03/27/2001
This application 10/715,339
is a CIP of 10/023,024 11/16/2001 ABN
and is a CIP of 10/011,371 11/16/2001 PAT 7,090,683
and is a CIP of 10/011,449 11/16/2001 ABN
and is a CIP of 10/010,150 11/16/2001
and is a CIP of 10/022,038 11/16/2001 ABN
and is a CIP of 10/012,586 11/16/2001
and said 10/023,024 11/16/2001
claims benefit of 60/269,200 02/15/2001
and claims benefit of 60/276,217 03/15/2001
and claims benefit of 60/276,086 03/15/2001
and claims benefit of 60/276,152 03/15/2001
and claims benefit of 60/293,346 05/24/2001
and said 10/011,371 11/16/2001
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and claims benefit of 60/276,086 03/15/2001
and claims benefit of 60/276,152 03/15/2001

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 and claims benefit of 60/276,086 03/15/2001
 and claims benefit of 60/276,152 03/15/2001
 and said 10/012,586
 claims benefit of 60/293,346 05/24/2001

YES *PPH*
 none *PPH*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

**** 03/29/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>PPH</i> Initials <i>PPH</i>	STATE OR COUNTRY MA	SHEETS DRAWING 34	TOTAL CLAIMS 72	INDEPENDENT CLAIMS 13
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ADDRESS

41696

TITLE

Robotically controlled surgical instruments

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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit